

910197-TC

Put your address in the "To" field. Please write clearly. Failure to do this will prevent this card from being processed to you. The return address box will provide you the name of the person delivered to and the address to which the mail should be returned. The following services are available. Consult postmaster for fees and restrictions for additional services requested.

1. Return to sender (address, date, and addressee's address). 2. Restricted Delivery (Extra charge)

<p>3. Article Addressed to:</p> <p>CLARENCE JACK'S OF FLORIDA, INC. ATTN: JOY RAYS 1025 MILLER DRIVE ALTA MONTE SPRINGS, FL 32701</p>	<p>4. Article Number 78787</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent. DATE DELIVERED.</p>
<p>5. Signature - Addressee X <i>Clarence Jack</i></p>	<p>6. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature - Agent X</p>	
<p>7. Date of Delivery <i>5/14/91</i></p>	

PS Form 3827, Apr. 1987

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC /
- WAS _____
- OTH _____

DOCUMENT NUMBER=DATE

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